



EARLY CHILDHOOD RESTRICTED SPECIAL EDUCATION ENDORSEMENT
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 SFN 58890 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number		
Work Telephone Number				
Home Telephone Number		Email Address		
Last Name	First Name	M.I.	Maiden Name	
Mailing Address		City	State	Zip (9 digit)

Prerequisite: Valid North Dakota educator's professional license in early childhood or elementary education.
Reeducation Plan: None
Endorsement Request and Verification: Once you have finished the tests, request the endorsement be added to your license by returning this form to ESPB with your score reports.
Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.
Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal due date.

Early Childhood Restricted Special Education

Praxis II Test Code 10022 (cut score 158)	Test Score
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Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date

License Code 50937	Type of Equivalency 04	Level of Preparation 15	Restriction 16
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Submit completed form and \$75 fee to: Education Standards and Practices Board
 2718 Gateway Avenue Suite 303
 Bismarck ND 58503-0585
 (701) 328-9641 office
 (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card